



State of Connecticut  
Department of Banking  
Consumer Credit Division  
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR OFFICE CLOSURE/TERMINATION OF LOAN ORIGINATOR(S)  
FORM – First/Second Mortgages

Instructions:

1. Please complete this form when notifying the Connecticut Department of Banking of an office closure.
2. Please return original license(s) to the Connecticut Department of Banking.
3. Please advise if the registration of loan originators at the office closing are to be terminated as well or transferred to a different licensed location.

Request for closure will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Carmen Calderon at 860-240-8225 or via e-mail at [carmen.calderon@ct.gov](mailto:carmen.calderon@ct.gov).

License Number(s) \_\_\_\_\_

Company Name \_\_\_\_\_

DBA Name (if applicable) \_\_\_\_\_

Effective Date of Office Closure \_\_\_\_\_

Please check one of the following

- \_\_\_\_\_ I wish to surrender all loan originators registrations associated with this office at this time
- \_\_\_\_\_ I wish to transfer all loan originators to another licensed location (must be within a reasonable driving distance of their home)

If you have loan originators and another office in which they will be conducting business please provide the following information:

Loan Originator Registration Number(s) \_\_\_\_\_

Transfer Loan Originator(s)  
to License Number(s) \_\_\_\_\_

Name of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_